

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/29/2014
NAME OF PROVIDER OR SUPPLIER VNA HEALTHTRENDS		STREET ADDRESS, CITY, STATE, ZIP CODE 732 E US HWY 30 SCHERERVILLE, IN 46375		
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N 000	<p>Initial Comments</p> <p>This was a home health state relicensure survey.</p> <p>Survey date: 7/23/14 - 7/29/14</p> <p>Facility # 004608</p> <p>Medicaid # 200538740</p> <p>Surveyors: Ingrid Miller, RN, PHNS, Lead Surveyor</p> <p>Susan E. Sparks, RN, MAE, PHNS</p> <p>507 skilled unduplicated patients for past year</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 5, 2014</p>	N 000		
N 456	<p>410 IAC 17-12-1(e) Home health agency administration/management</p> <p>Rule 12 Sec. 1(e) The administrator shall be responsible for an ongoing quality assurance program designed to do the following: (1) Objectively and systematically monitor and evaluate the quality and appropriateness of patient care. (2) Resolve identified problems. (3) Improve patient care.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the agency failed to ensure the ongoing quality assurance program was designed to objectively evaluate the quality and appropriateness of patient care, resolved identified problems, and improve patient care for 1 of 1 agency.</p> <p>Findings</p>	N 456		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 456	Continued From page 1 1. On 7/29/14 at 3:30 PM, Employee B, vice president of operations, indicated the quality assurance program used data from CMS and clinical records. The outcomes are from CMS. There are daily electronic quality assurance documents sent to staff from Illinois and Indiana regarding oasis questions for the quality assurance program. Chart review is done in the agency. There was no written plan for the quality assurance program. 2. A review of agency documents failed to evidence a quality assurance program that addressed identified problems and improved patient care.	N 456		
N 458	410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following: (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations. This RULE is not met as evidenced by: Based on personnel file and policy review and	N 458		

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N 458	<p>Continued From page 2</p> <p>interview, the agency failed to ensure the personnel policies were followed in 5 of 20 employee records reviewed (Employee E, J, L, O, R).</p> <p>Findings</p> <ol style="list-style-type: none"> 1. Employee E, occupational therapist, date of hire 3/10/14 and first patient contact 3/10/14, failed to evidence a job description had been completed upon hire. 2. Employee J, home health aide, date of hire 2/1/13 and first patient contact 2/25/13, failed to evidence the aide had been verified as in good standing on the state aide registry. 3. Employee L, home health aide, date of hire 5/22/14 and first patient contact 6/11/14, failed to evidence a job description had been signed at the time of hire. The file also evidenced the home health aide had not been verified as in good standing on the state aide registry. 4. Employee O, occupational therapist, date of hire 1/10/08 and first patient contact 3/20/10, failed to evidence an annual performance evaluation had been completed. 5. Employee R, home health aide, date of hire 3/1/13 and first patient contact 3/2/13, failed to evidence the aide had been verified as in good standing on the state aide registry. 6. On 7/29/14 at 4:05 PM, Employee V, human resources, indicated the personnel files were not complete. 7. The agency policy titled "Employee Handbook" with a date of November 2012 stated, "The 	N 458		

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N 458	Continued From page 3 agency will have written competencies for field providers ... staff who must have a licensure and / or certification in order to provide proof of necessary credentials at the time of hire and annually ... Additional formal performance reviews are conducted on the employee anniversary date annually." 8. The agency policy titled "Job descriptions" with a date of June 2012 stated, "There will be a job description for each employee position that states qualifications, defines roles, and list responsibilities." 9. The agency policy titled "Employee evaluation Performance Appraisal" with a date of June 2012 stated, "Agency staff may receive a written evaluation after 90 days as indicated and annually .. to comply with government regulations." 10. The agency policy titled "CNA services" with a review date of June 2012 stated, "CNA services will be provided to clients throughout this agency in compliance with federal and state regulations." (There was no policy in the agency covering home health aide services.)	N 458		
N 470	410 IAC 17-12-1(m) Home health agency administration/management Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws. This RULE is not met as evidenced by: Based on observation, interview, and review of policies and procedures, the agency failed to ensure registered nurses (RN) provided services	N 470		

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N 470	<p>Continued From page 4</p> <p>in accordance with agency policy in 2 of 2 home visit observations (Patients #4 and #6) with a registered nurse (Employee I and Employee P).</p> <p>The findings include</p> <ol style="list-style-type: none"> 1. On 7/25/15 at 7 AM, Employee P, RN, was observed to don gloves and remove the wound dressing from patient # 4's abdominal wound and measure the wound. He did not remove his gloves after removing the old dressing or wash his hands before he proceeded to clean the wound area and apply the clean dressing for the wound vac treatment. He discarded all supplies and removed his gloves and then washed his hands. 2. On 7/25/14 at 9 AM, Employee I, RN, was observed at a home visit with patient #6. Employee I was observed to wash her hands and don clean gloves and then place all dressing supplies on the patient's living room floor. There was no barrier between these supplies, which included a Genadyne Foam Kit Thin Medium, 4 gauze dressings, clean gloves, skin preparation pad, and a saline wash bottle, and the floor. She removed the old dressing from the patient's left foot and discarded her gloves. She did not wash her hands. She applied clean gloves and dressed the wound and applied the wound vac. 3. The agency policy titled "Hand hygiene" with a date revised of June 2012 stated, "Field providers will wash hands ... after removing soiled gloves." 4. The agency policy titled "Standard Precautions" with a revised date of June 2012 stated, "Handwashing with an antibacterial soap, water, and hand sanitizer ... will be done before putting on protective gloves; B. upon removal of 	N 470		

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N 470	Continued From page 5 protective gloves." 5. The agency policy titled "Bag contents and technique" with a revised date of June 2012 stated, "The floor is a grossly contaminated area ... open bag and remove supplies. Place them on a clean work area with appropriate barrier paper or drape." on observation, interview, and review of policies and procedures, the agency	N 470		
N 472	410 IAC 17-12-2(a) Q A and performance improvement Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures. This RULE is not met as evidenced by: Based on document review and interview, the agency failed to ensure the ongoing quality assurance program was designed to objectively evaluate the quality and appropriateness of patient care, resolved identified problems, and improve patient care for 1 of 1 agency. Findings 1. On 7/29/14 at 3:30 PM, Employee B, vice president of operations, indicated the quality	N 472		

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N 472	Continued From page 6 assurance program used data from CMS and clinical records. The outcomes are from CMS. There are daily electronic quality assurance documents sent to staff from Illinois and Indiana regarding oasis questions for the quality assurance program. Chart review is done in the agency. There was no written plan for the quality assurance program. 2. A review of agency documents failed to evidence a quality assurance program that addressed identified problems and improved patient care.	N 472		
N 484	410 IAC 17-12-2(g) Q A and performance improvement Rule 12 Sec. 2(g) All personnel providing services shall maintain effective communications to assure that their efforts appropriately complement one another and support the objectives of the patient's care. The means of communication and the results shall be documented in the clinical record or minutes of case conferences. This RULE is not met as evidenced by: Based on clinical record and agency policy review and interview, the agency failed to ensure all personnel communicated and coordinated services to support the plan of care in 2 (# 7 and 10) of 12 records reviewed creating the potential to affect all of the agency's 204 current patients. The findings include 1. Clinical record # 7, start of care 6/21/14, included a plan of care for the certification period	N 484		

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N 484	<p>Continued From page 7</p> <p>of 6/21/14 - 8/19/14 with orders for skilled nursing, occupational therapy and physical therapy. The clinical record failed to show that any coordination of care had occurred between these services to support the patient's plan of care. Skilled nursing visits were on 6/21/14, 6/25/14, 7/1/14, 7/4/14, 7/8/14, 7/15/14, and 7/22/14. Occupational therapy visits were on 6/27/14, 7/2/14, 7/4/14, 7/18/14, and 7/19/14. Physical therapy visits were on 7/23/14, 6/25/14, 7/2/14, 7/9/14, 7/9/14, 7/11/14, 7/15/14, 7/16/14, and 7/18/14.</p> <p>On 7/28/14 at 12:30 PM, Employee B, vice president of operations, indicated there was no coordination of care between these services caring for the patient.</p> <p>2. Clinical record #10, start of care 5/3/14, included a plan of care for the certification period of 5/3/14 - 7/1/14 with orders for occupational therapy and physical therapy. There was no documentation to show that the physical therapist and occupational therapist had communicated and coordinated services to support the patient's plan of care. Physical therapy visits occurred on 5/3/14, 5/8/14, 5/14/14, 5/17/14, 5/24/14. Occupational therapy visits occurred on 5/9/14, 5/15/14, 5/17/14, 5/19/14, 5/22/14, 5/30/14, and 5/31/14.</p> <p>On 7/28 at 4:50 PM, Employee B indicated there was no coordination of care between the services caring for this patient.</p> <p>3. The agency policy titled "Coordination of care" with a date of June 2012 stated, "A registered nurse, physical therapist, or speech therapist will be assigned to coordinate the care of each client from admission to discharge. This RN, PT, or ST</p>	N 484		

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N 484	Continued From page 8 will be responsible for coordination of the home care team's communication and the client's plan of care ... to comply with government regulations ... to facilitate continuity of care; to assure appropriate care."	N 484		
N 518	410 IAC 17-12-3(e) Patient Rights Rule 12 Sec. 3(e) (e) The home health agency must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable state law. The home health agency may furnish advanced directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided. This RULE is not met as evidenced by: Based on clinical record review, interview, and agency document review, the agency failed to ensure patients were provided the current Advanced Directives, including a description of applicable State law, in 12 of 12 records reviewed (#1 - 12). Findings include 1. The admission book given to the patients failed to include the effective May 2004 and revised July 1, 2013, state of Indiana advanced directives in the admission folder that was distributed to the patients at the start of care (SOC). 2. On 7/24/14 at 3:15 PM, the vice president of operations, Employee B, indicated the advanced directives were not the effective and current Indiana advanced directives (effective May 2004	N 518		

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N 518	<p>Continued From page 9</p> <p>and revised July 1, 2013) in patient # 1 - 12's home admission books and all the patients of the agency needed to receive the updated advanced directives.</p> <p>3. Clinical record #1, SOC 7/2/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</p> <p>4. Clinical record #2, SOC 7/10/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</p> <p>5. Clinical record #3, SOC 7/5/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</p> <p>6. Clinical record #4, SOC 7/2/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</p> <p>7. Clinical record #5, SOC 7/19/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</p> <p>8. Clinical record #6, SOC 7/12/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</p>	N 518		

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N 518	<p>Continued From page 10</p> <p>9. Clinical record #7, SOC 6/21/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</p> <p>10. Clinical record #8, SOC 1/28/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</p> <p>11. Clinical record #9, SOC 11/14/13, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</p> <p>12. Clinical record #10, SOC 5/3/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</p> <p>13. Clinical record #11, SOC 6/29/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</p> <p>14. Clinical record #12, SOC 6/21/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</p> <p>15. The agency document titled "Statement of Indiana Law on Advance Directives" with no effective date stated, "The Statement of Indiana</p>	N 518		

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N 518	Continued From page 11 Law on Advance Directives has been written in fulfillment of the Omnibus Budget Reconciliation Act of [Obra '90] requirement that the State prepare such a statement to be distributed by providers ... It is agency's policy to recognize the rights of its clients to make informed decisions about their medical care ... it is our policy to comply with the applicable law."	N 518		
N 522	410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows: This RULE is not met as evidenced by: Based on clinical record review, policy review, observation, and interview, the agency failed to ensure care visits and treatments were provided as ordered on the plan of care for 5 of 12 records reviewed (#3, #4, #6, #7, #10). Findings 1. Clinical record #3, start of care (SOC) 7/5/14 and diagnosis of nonhealing surgical wound, included a plan of care for the certification period of 7/5/14 - 9/2/14 with orders for skilled nursing to visit four times a week for one week, 3 times a week for 2 weeks, 1 time a week for two weeks, and 1 time every 2 weeks. The skilled nurse was to report a pattern of blood glucose levels over 350 milligram / dl. There was no documentation of interventions for the patient to keep track of the blood sugar levels day by day. The skilled nurse was to perform / instruct / reinforce client /	N 522		

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N 522	<p>Continued From page 12</p> <p>caregiver procedure of wound car to left foot surgical wound three times a week, cleanse with wound cleanser, pat dry. Apply iodoform packing. Cover with dry gauze and abdominal pad. Then secure with kerlix and tape using clean technique. At visits on 7/5/14, 7/9/14, 7/11/14, 7/12/14, 7/14/14, 7/16/14, 7/19/14, and 7/21/14, the skilled nurse used telfa to dress the wound. The record failed to evidence an order for Telfa to be used to dress the wound.</p> <p>On 7/24/14 at 3:40 PM, Employee B, vice president of operations, indicated that the patient was not taught to keep a blood sugar log and that telfa was not ordered on the plan of care.</p> <p>2. Clinical record #4, SOC 7/2/14 and diagnosis of nonhealing surgical wound, included a plan of care for the certification period of 7/2/14 - 8/30/14 with orders for skilled nursing to visit 2 times a week for one week, 3 times a week for 5 weeks, and 2 times a week for 3 weeks. The skilled nurse was to provide instructions / reinforcement of diabetic care to include diet, skin care, blood glucose testing and the skilled nurse to report a pattern of blood glucose levels greater than 250 mg / dl [milligram / deciliter]. There was no documentation of interventions for the patient to keep track of the blood sugar levels day by day.</p> <p>On 7/24/14 at 4:05 PM, Employee B indicated the patient should have been instructed to keep a blood sugar log to show the blood sugar patterns for this patient.</p> <p>3. Clinical record #6, SOC 7/12/14 and diagnosis of nonhealing surgical wound, included a plan of care for the certification period of 7/12/14 - 9/9/14 with orders for skilled nursing to visit 1 times a week for 1 week, 3 times a week for 3 weeks, 2</p>	N 522		

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N 522	<p>Continued From page 13</p> <p>times a week for 5 weeks, and 1 times a week for 1 week. The skilled nurse was to cleanse the wound with wound wash, fill the entire cavity with green vac foam, apply tubing and cover with transparent drape, apply wound vac device at 125 mm [millimeter] continuous. Apply dressing every 48 hours (This should have been three times a week).</p> <p>On 7/25/14 at 9 AM, the registered nurse, Employee I, was observed to apply the wound vac dressing by filling the wound cavity with green foam, cover with transparent drape and apply tubing. After applying the tubing, the nurse added the extra green foam to cushion the wound vac dressing and tubing. There was no order for adding the extra foam over the transparent drape and tubing.</p> <p>4. Clinical record #7, SOC 6/21/14 and diagnosis of surgical hip repair, included a plan of care for the certification period of 6/21/14 - 8/19/14 with orders for the home health aide to visit 2 times a week for two weeks and then one times a week for two weeks. The aide during visited only once the first week on 6/25/14 and only once the second week on 7/3/14. The plan of care had orders for the occupational therapist to visit one times a week for one week and then two times a week for three weeks and orders for the physical therapist to visit 1 times a week for one week and then two times a week for 5 weeks. The physical therapist only made one visit on July 2nd (the second week). The occupational therapist only made one visit on July 12th (the third week).</p> <p>On 7/28/14 at 12:30 PM, Employee B indicated the home heath aide, occupational therapist, and physical therapist did not visit according to the plan of care.</p>	N 522		

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NAME OF PROVIDER OR SUPPLIER VNA HEALTHTRENDS		STREET ADDRESS, CITY, STATE, ZIP CODE 732 E US HWY 30 SCHERERVILLE, IN 46375		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 522	<p>Continued From page 14</p> <p>5. Clinical record #10 SOC 5/3/14 and diagnosis of other specified rehabilitation procedure, generalized muscle weakness, depressive disorder, and unspecified peripheral vertigo, included a plan of care with orders for physical therapy orders 1 times a week for 2 weeks, 2 times a week for one week, and 1 times a week and occupational therapy orders for 1 times a week and two times a week for three weeks. The physical therapist visited on 5/3/14, 5/8/14, 5/14/14, 5/24/14. The occupational therapist visited on 5/9/14, 5/15/14, 5/17/14, 5/19/14, 5/22/14, 5/30/14, and 5/31/14. The physical therapist failed to visit the patient twice during the week of 5/11/14 - 5/17/14.</p> <p>On 7/28/14 at 4:50 PM, Employee B indicated the physical therapist did not visit the patient as ordered on the plan of care.</p> <p>6. The agency policy titled "Physician's orders" with a date of June 2012 stated, "Medications and treatments will be administered by agency field provider as ordered by a licensed physician ... all orders must be obtained in compliance with state and / or federal regulations."</p> <p>7. The agency policy titled "Plan of Care" with a date of June 2012 stated, "Home health care services are provided under the general supervision of a physician, based on a plan of care that is established and periodically reviewed by the physician to ensure appropriate application of services to the client's condition ... to ensure the provision of quality and legally approved home health care services ... home health care services are provided to clients a. under the general supervision of a physician b. based on a client plan of care established and periodically</p>	N 522		

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NAME OF PROVIDER OR SUPPLIER VNA HEALTHTRENDS		STREET ADDRESS, CITY, STATE, ZIP CODE 732 E US HWY 30 SCHERERVILLE, IN 46375		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 522	Continued From page 15 reviewed by physician to ensure appropriate application of the services to condition."	N 522		
N 524	410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. This RULE is not met as evidenced by: Based on clinical record review, interview, and policy review, the agency failed to ensure the plan of care included all the required elements in 4 of 12 records reviewed (#1, 2, 6, 8) with the potential to affect all the patients of the agency. Findings	N 524		

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N 524	<p>Continued From page 16</p> <p>1. Clinical record #1, Start of care (SOC) 7/2/14 and diagnosis of unspecified hypertension, cellulitis, and esophageal reflux, failed to evidence an individualized plan of care for the certification period of 7/2/14 - 8/30/14. The plan of care included orders for physical therapy to instruct safe transfers (bed, bath, toilet, sofa, chair, and commode) using appropriate body mechanics and equipment (sliding board, Hoyer lift, trapeze, bath bench, wheelchair). The patient's plan of care evidenced that the patient had a cane, shower / tub equipment, and walker and did not have a sliding board, Hoyer lift, trapeze, and / or wheelchair. The goals for this plan of care did not address care for this patient pertaining to the esophageal reflux diagnosis.</p> <p>On 7/25/14 at 3:45 PM, Employee B, vice president of operations, indicated the plan of care was not individualized and no goals addressed esophageal reflux on the plan of care.</p> <p>2. Clinical record #2, SOC 7/10/14 and diagnosis of after care of hip replacement, failed to evidence that the plan of care for the certification period of 7/10/14 - 9/7/14 that included all the patient's durable medical equipment including the patient's CPAP machine that the patient used each night. The plan of care failed to evidence an individualized plan of care. There were orders for physical therapy to instruct safe transfers (bed, bath, toilet, sofa, chair, and commode) using appropriate body mechanics and equipment (sliding board, Hoyer lift, trapeze, bath bench, wheelchair). The patient's plan of care evidenced that the patient had a cane, shower / tub equipment, and walker and did not have a sliding board, Hoyer lift, trapeze, and / or wheelchair.</p>	N 524		

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NAME OF PROVIDER OR SUPPLIER VNA HEALTHTRENDS		STREET ADDRESS, CITY, STATE, ZIP CODE 732 E US HWY 30 SCHERERVILLE, IN 46375		
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N 524	<p>Continued From page 17</p> <p>On 7/24/14 at 9:20 AM, patient #2 indicated using a CPAP machine each night for sleep apnea and using a cane and walker for transferring.</p> <p>3. Clinical record #6, SOC 7/12/14 and diagnosis of nonhealing surgical wound, included a plan of care for the certification period of 7/12/14 - 9/9/14. This plan of care included an order that stated, "Skilled nurse to cleanse wound with wound wash. Fill entire cavity with green vac foam. Apply tubing and cover with transparent drape. Apply wound vac at 125 mm [millimeters] pressure continuous. Change dressing every 48 hours."</p> <p>On 7/25/14 at 10 AM, Employee B indicated the correct order would be to change the wound vac dressing three times a week not every 48 hours.</p> <p>4. Clinical record #8, SOC 1/28/14 and diagnosis of congestive heart failure, included plans of care for the certification periods of 1/18/14 - 3/28/14 with a physician's signature of 3/14/14 and a certification period of 5/28/14 - 7/16/14 with a physician's signature on 7/2/14.</p> <p>On 7/28/14 at 4 PM, Employee B indicated the physician's signatures were late on these plans of care.</p> <p>5. The agency policy titled "Plan of care" with a date of June 2012 state, "Home Health services are provided under the general supervision of a physician, based on a plan of care that is established and periodically reviewed by the physician to ensure appropriate application of services to the client's condition. Purpose to</p>	N 524		

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NAME OF PROVIDER OR SUPPLIER VNA HEALTHTRENDS		STREET ADDRESS, CITY, STATE, ZIP CODE 732 E US HWY 30 SCHERERVILLE, IN 46375		
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N 524	Continued From page 18 ensure the provision of quality and legally approved home health care services ... The client's plan of care is developed by a physician in consultation with field providers B. includes the following ... type of home health care services required ... client's treatment ... client's permitted activity ... rehabilitation and therapy services... medical supplies / appliances necessary ... review of client's plan of care ... any other appropriate items."	N 524		
N 537	410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows: This RULE is not met as evidenced by: Based on clinical record review, policy review, observation, and interview, the agency failed to ensure care by the registered nurse was provided as ordered on the plan of care for 3 of 12 records reviewed (#3, #4, #6,). Findings 1. Clinical record #3, start of care (SOC) 7/5/14 and diagnosis of nonhealing surgical wound, included a plan of care for the certification period of 7/5/14 - 9/2/14 with orders for skilled nursing to visit four times a week for one week, 3 times a week for 2 weeks, 1 time a week for two weeks, and 1 time every 2 weeks. The skilled nurse was to report a pattern of blood glucose levels over 350 milligram / dl. There was no documentation of interventions for the patient to keep track of the blood sugar levels day by day. The skilled nurse was to perform / instruct / reinforce client /	N 537		

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N 537	<p>Continued From page 19</p> <p>caregiver procedure of wound car to left foot surgical wound three times a week, cleanse with wound cleanser, pat dry. Apply iodoform packing. Cover with dry gauze and abdominal pad. Then secure with kerlix and tape using clean technique. At visits on 7/5/14, 7/9/14, 7/11/14, 7/12/14, 7/14/14, 7/16/14, 7/19/14, and 7/21/14, the skilled nurse used telfa to dress the wound. The record failed to evidence an order for Telfa to be used to dress the wound.</p> <p>On 7/24/14 at 3:40 PM, Employee B, vice president of operations, indicated that the patient was not taught to keep a blood sugar log and that telfa was not ordered on the plan of care.</p> <p>2. Clinical record #4, SOC 7/2/14 and diagnosis of nonhealing surgical wound, included a plan of care for the certification period of 7/2/14 - 8/30/14 with orders for skilled nursing to visit 2 times a week for one week, 3 times a week for 5 weeks, and 2 times a week for 3 weeks. The skilled nurse was to provide instructions / reinforcement of diabetic care to include diet, skin care, blood glucose testing and the skilled nurse to report a pattern of blood glucose levels greater than 250 mg / dl [milligram / deciliter]. There was no documentation of interventions for the patient to keep track of the blood sugar levels day by day.</p> <p>On 7/24/14 at 4:05 PM, Employee B indicated the patient should have been instructed to keep a blood sugar log to show the blood sugar patterns for this patient.</p> <p>3. Clinical record #6, SOC 7/12/14 and diagnosis of nonhealing surgical wound, included a plan of care for the certification period of 7/12/14 - 9/9/14 with orders for skilled nursing to visit 1 times a week for 1 week, 3 times a week for 3 weeks, 2</p>	N 537		

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N 537	<p>Continued From page 20</p> <p>times a week for 5 weeks, and 1 times a week for 1 week. The skilled nurse was to cleanse the wound with wound wash, fill the entire cavity with green vac foam, apply tubing and cover with transparent drape, apply wound vac device at 125 mm [millimeter] continuous. Apply dressing every 48 hours (This should have been three times a week).</p> <p>On 7/25/14 at 9 AM, the registered nurse, Employee I, was observed to apply the wound vac dressing by filling the wound cavity with green foam, cover with transparent drape and apply tubing. After applying the tubing, the nurse added the extra green foam to cushion the wound vac dressing and tubing. There was no order for adding the extra foam over the transparent drape and tubing.</p> <p>4. The agency policy titled "Physician's orders" with a date of June 2012 stated, "Medications and treatments will be administered by agency field provider as ordered by a licensed physician ... all orders must be obtained in compliance with state and / or federal regulations."</p> <p>5. The agency policy titled "Plan of Care" with a date of June 2012 stated, "Home health care services are provided under the general supervision of a physician, based on a plan of care that is established and periodically reviewed by the physician to ensure appropriate application of services to the client's condition ... to ensure the provision of quality and legally approved home health care services ... home health care services are provided to clients a. under the general supervision of a physician b. based on a client plan of care established and periodically reviewed by physician to ensure appropriate application of the services to condition."</p>	N 537		

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N 543	<p>410 IAC 17-14-1(a)(1)(D) Scope of Services</p> <p>Rule 14 Sec. 1(a) (1)(D) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (D) Initiate appropriate preventive and rehabilitative nursing procedures.</p> <p>This RULE is not met as evidenced by: Based on clinical record and agency policy review and interview, the agency failed to ensure the registered nurse (RN) had initiated interventions to address identified problems with wounds in 1 of 12 records reviewed (#1).</p> <p>Findings</p> <p>1. On 7/23/14 at 2 PM, a home visit was conducted on patient 1 with physical therapist, (PT) Employee C.</p> <p>At 2:20 PM, the PT, Employee C indicated he had called the Registered Nurse, (RN) Employee D, on Monday 7/21/14 about the open wound on the patient's right lower leg. The wound was from radiation related to cancer. The patient indicated the pain is 3-4 on a scale of 1-10 and quite bothersome. The patient indicated the RN, Employee D, had not called the patient nor had made a visit to assess the patient. The wound is approximately 1.5 in x 1.5 and circular in nature. It is impossible to gauge anything else as the patient had applied Silver Sulfadiazine 1%, from the nursing home stay in May, into the wound. The wound was oozing a pink color liquid that had drained approximately 1.5 inches down the patient's leg and soiled the top of the sock.</p> <p>The patient indicated the RN, Employee C,</p>	N 543		

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N 543	<p>Continued From page 22</p> <p>had been informed of a place starting on the left lower leg. The patient indicated the RN had not acted on the information.</p> <p>Based on clinical record and agency policy review and interview, the agency failed to ensure the registered nurse (RN) had initiated interventions to address identified nursing needs in 1 of 12 records reviewed (#1) creating the potential to affect all of the agency's 204 active patients.</p> <p>Findings</p> <p>1. On 7/23/14 at 2 PM, a home visit was conducted on patient 1, with physical therapist, (PT) Employee C.</p> <p>At 2:20 PM, the PT, Employee C indicated he had called the Registered Nurse, (RN) Employee D on Monday 7/21/14 about the open wound on the patient's right lower leg. The wound was from radiation related to cancer. The patient, (#1) indicated the pain is 3-4 and quite bothersome. The patient #1, indicated the RN, Employee D had not called the patient nor had made a visit to access the patient. The wound is approximately 1.5 in x 1.5 in circular in nature. It is impossible to gauge anything else as the patient had applied Silver Sulfadiazine 1%, from the nursing home stay in May, into the wound. The wound is oozing a pink color liquid that and had drained approximately 1.5 in down the patient's leg and soiled the top of the sock.</p> <p>The patient indicated the RN, Employee C had been informed of a place starting on the left lower leg. The patient indicated the RN had not acted on the information.</p> <p>2. On 7/28/14 at 11 AM, Employee D, Registered</p>	N 543		

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N 543	Continued From page 23 Nurse, indicated not being able to visit the patient after she was told about the new wound on the left leg due to commitments with another job. "I was booked and could not go," she said. She also indicated the patient had an appointment pending with the oncologist for wound care on July 24th. She did not call the primary physician and was waiting for the patient to see the oncologist. 3. An agency policy titled "Admission criteria" with no date stated, "The agency will admit clients ... to comply with government regulations ... there must be a reasonable expectation that the client's needs can be met in the home setting through the Agency's programs and services."	N 543		
N 545	410 IAC 17-14-1(a)(1)(F) Scope of Services Rule 14 Sec. 1(a) (1)(F) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (F) Coordinate services. This RULE is not met as evidenced by: Based on clinical record and agency policy review and interview, the agency failed to ensure all personnel communicated and coordinated services to support the plan of care in 2 (# 7 and 10) of 12 records reviewed. The findings include 1. Clinical record # 7, start of care 6/21/14, included a plan of care for the certification period of 6/21/14 - 8/19/14 with orders for skilled nursing, occupational therapy and physical therapy. The clinical record failed to show that	N 545		

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N 545	<p>Continued From page 24</p> <p>any coordination of care had occurred between these services to support the patient's plan of care. Skilled nursing visits were on 6/21/14, 6/25/14, 7/1/14, 7/4/14, 7/8/14, 7/15/14, and 7/22/14. Occupational therapy visits were on 6/27/14, 7/2/14, 7/4/14, 7/18/14, and 7/19/14. Physical therapy visits were on 7/23/14, 6/25/14, 7/2/14, 7/9/14, 7/9/14, 7/11/14, 7/15/14, 7/16/14, and 7/18/14.</p> <p>On 7/28/14 at 12:30 PM, Employee B, vice president of operations, indicated there was no coordination of care between these services caring for the patient.</p> <p>2. Clinical record #10, start of care 5/3/14, included a plan of care for the certification period of 5/3/14 - 7/1/14 with orders for occupational therapy and physical therapy. There was no documentation to show that the physical therapist and occupational therapist had communicated and coordinated services to support the patient's plan of care. Physical therapy visits occurred on 5/3/14, 5/8/14, 5/14/14, 5/17/14, 5/24/14. Occupational therapy visits occurred on 5/9/14, 5/15/14, 5/17/14, 5/19/14, 5/22/14, 5/30/14, and 5/31/14.</p> <p>On 7/28 at 4:50 PM, Employee B indicated there was no coordination of care between the services caring for this patient.</p> <p>3. The agency policy titled "Coordination of care" with a date of June 2012 stated, "A registered nurse, physical therapist, or speech therapist will be assigned to coordinate the care of each client from admission to discharge. This RN, PT, or ST will be responsible for coordination of the home care team's communication and the client's plan of care ... to comply with government regulations</p>	N 545		

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N 545	Continued From page 25 ... to facilitate continuity of care; to assure appropriate care."	N 545		